

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: Housing Authority of the City of Greenwood Mississippi      PHA Code: MS107 PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 04/2012					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units:    408    Number of HCV units:    260					
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
	PHA 1:				PH	HCV
	PHA 2:					
	PHA 3:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  Promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.					

<p>5.2</p>	<p><b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p><b>INCREASE THE AVAILABILITY OF DECENT, SAFE, AND AFFORDABLE HOUSING</b></p> <p>1. GHA GOAL: Expand the supply of assisted housing:</p> <ul style="list-style-type: none"> <li>-Acquire or assist in the acquisition of Delta Apartments, a 100 unit Project-based assisted multi-family housing development located in the Greenwood area;</li> <li>-Identify and utilize GHA-owned parcels for assisted housing development efforts;</li> <li>-Identify and utilize GHA-owned property no longer needed for management/maintenance purposes for housing development effort; and,</li> <li>-Convert large bedroom units to smaller units to meet the bedroom size needs of the area served.</li> </ul> <p>2. GHA GOAL: Improve the quality of assisted housing:</p> <ul style="list-style-type: none"> <li>- Implement energy efficiency measures via an Energy Performance Contracting Program with Siemens Building Technologies.</li> <li>-Secure and maintain High Performing Status via scores on PHAS and SEMAP; and,</li> <li>-Maintain dynamic renovation and modernization schedule of all public housing units;</li> </ul> <p>3. GHA GOAL: Increase assisted housing choices:</p> <ul style="list-style-type: none"> <li>-Coordinate Homeownership Training for income-eligible families via identification/presentation of training opportunities;</li> <li>-Continue outreach training for potential voucher landlords; and,</li> <li>-Continue effort to implement the use of the Voucher Homeownership Program.</li> </ul> <p><b>IMPROVE COMMUNITY QUALITY OF LIFE AND ECONOMIC VITALITY</b></p> <p>1. GHA GOAL: Implement Public Housing Security Improvements:</p> <ul style="list-style-type: none"> <li>-Continue the effort to reach full compliance of residents in Neighborhood Watch as the primary public housing security measure.</li> </ul> <p><b>PROMOTE SELF-SUFFICIENCY AND ASSET DEVELOPMENT OF FAMILIES AND INDIVIDUALS</b></p> <p>1. GHA GOAL: Promote self-sufficiency and asset development of families of assisted households:</p> <ul style="list-style-type: none"> <li>-Fully utilize Section 3 provisions on all Capital Fund Projects; and,</li> <li>-Communicate relevant opportunities to residents via GHA Monthly Newsletter.</li> </ul> <p><b>ENSURE EQUAL OPPORTUNITY IN HOUSING FOR ALL AMERICANS</b></p> <p>1. GHA GOAL: Ensure equal opportunity and affirmatively further fair housing</p> <ul style="list-style-type: none"> <li>-Continue to comply with the required regulations.</li> </ul>
<p>6.0</p>	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ul style="list-style-type: none"> <li>-<b>Reorganization of Asset Management Projects; reduction from four (4) to two (2) with an effective date of 04/01/2010.</b></li> </ul> <p><b>Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.</b></p> <ul style="list-style-type: none"> <li>-See Attachment ms107o</li> </ul> <p><b>Financial Resources</b></p> <ul style="list-style-type: none"> <li>-See Attachment ms107p</li> </ul> <p><b>Fiscal Year Audit</b></p> <ul style="list-style-type: none"> <li>-See Attachment ms107q</li> </ul> <p><b>VAWA</b></p> <ul style="list-style-type: none"> <li>-See Attachment ms107r</li> </ul> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <ul style="list-style-type: none"> <li>-Administrative Office at 111 East Washington Street</li> <li>-AMP sites</li> </ul>



7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><u><b>“Not Applicable”</b></u></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>MS26-P107-501-08 Performance and Evaluation Report - See Attachment ms107i  MS26-P107-501-09 Performance and Evaluation Report - See Attachment ms107j  MS26-S107-501-09 Performance and Evaluation Report - See Attachment ms107k  MS26-P107-501-10 Performance and Evaluation Report - See Attachment ms107l  MS26-P107-501-11 Performance and Evaluation Report – See Attachment ms107m</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See Attachment ms107h</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p><u><b>“Not Applicable”</b></u></p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>See Attachment ms107n</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <ul style="list-style-type: none"> <li>-Use effective maintenance and management policies to minimize the number of public housing units off-line;</li> <li>- Complete the Turn Around Process for vacated public housing units in an expedient manner;</li> <li>-Complete public housing renovation projects in an expedient manner;</li> <li>-Market the Section 8 Housing Choice Voucher Program to Prospective Owners throughout Leflore County; and,</li> <li>-Annually review and ensure the establishment of Payment Standards that enables families to rent throughout Leflore County.</li> </ul>

	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>GHA communicated with HUD and the local governmental agency of responsibility regarding the purchase, renovation and Delta Apartments; however, development was purchased by a Tennessee entity from HUD using NSP funds of \$5,000,000.00 provided by MDA; GHA has identified parcels of GHA-owned property and the former Maintenance Office site as possible sites to develop housing units; GHA worked cooperatively with the City of Greenwood on a homeownership housing project for the residents of the Baptist Town subdivision; GHA achieved a High Performer status in its Section 8 Housing Choice Voucher Program (SEMAP); GHA conducted Outreach Program for Prospective Owners in its Section 8 Housing Choice Voucher Program; GHA improved security via lighting enhancement and has developed RFP for use in completing the installation of Security cameras; GHA submitted and received HUD approval of Energy Procurement Contract Agreement. Said Project includes Improvements of heating/air system replacement, light fixtures, water heaters, commodes and the installation of aeration devices at all faucets. Project is scheduled for completion during the Spring of 2012 and, GHA utilized Capital Fund and ARRA resources to renovate/modernize Public Housing units in an effective and efficient manner.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>10.0</b></p> <p>A. Substantial Deviation from the 5-year Plan:</p> <p>The GHA recognizes the need for public notification of items contained within the 5-Year and Annual Plans. The GHA shall make proper notification for any Substantial Deviations from these plans as required under law. The exception to this definition is if the change has been made to meet regulatory compliance with U.S. Department of Housing and Urban Development requirements. Substantial deviation or Significant Amendment or Modification shall mean those of the mission statement, goals and objectives, capital fund program or changes in significant expenditures and changes in statutory requirement for administration of Public Housing requiring public comment and/or public hearing.</p> <p>B. Significant Amendment or Modification to the Annual Plan:</p> <p>A Significant Amendment or Modification to the Annual Plan shall be constructed to mean the following:</p> <ul style="list-style-type: none"> <li>• Changes to rent or admissions policies or organization of the waiting list;</li> <li>• Changes to a development account number on the Capital Fund Program in excess of 15% of the total grant amount;</li> <li>• Additions of non-emergency work items not currently included in the Annual Statement or the 5-Year Action Plan or changes in use of replacement reserve funds under the Capital Fund; and,</li> <li>• Any changes with regard to new demolition or disposition, new designation, new homeownership programs or new conversion activities.</li> </ul> <p>These issues, if required, shall be raised with proper public notification. The GHA acknowledges that an exception will be made by HUD to comply with the above changes that are adopted to reflect changes in HUD regulatory requirements: such changes will not be considered significant by HUD.</p>
<p><b>11.0</b></p>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) <b>See Attachment ms107a</b></p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) <b>See Attachment ms107b</b></p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) <b>See Attachment ms107c</b></p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) <b>See Attachment ms107d</b></p> <p>(e) Form HUD-50077-SL, <i>Certification by State of PHA Plans Consistency with the Consolidated Plan</i> <b>See Attachment ms107e</b></p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. <b>See Attachment ms107f</b></p> <p>(g) Challenged Elements – <b>There were no Challenged Elements to the Agency Plan.</b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) <b>See Attachment ms107g</b></p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <b>See Attachment ms107h</b></p>



**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing  
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the   X   5-Year and/or   X   Annual PHA Plan for the PHA fiscal year beginning 04/01/2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.



12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

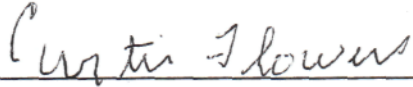
The Housing Authority of The City of Greenwood, MS  
PHA Name

MS107  
PHA Number/HA Code

  X   5-Year PHA Plan for Fiscal Years 2012 - 2016

       Annual PHA Plan for Fiscal Years 20 - 20

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. Cfr U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Curtis Flowers	Chairman
Signature	Date
	January 5, 2012

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS

Program/Activity Receiving Federal Grant Funding

## 2012 AGENCY PLAN

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

### AMP 1 AND AMP 2

(Brazil Homes, Rising Sun I, Rising Sun II, Henry Homes, Crestview Homes, Hayes Homes, Threadgill Homes and Arance Williamson Home)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Gregory L. Flippins

Title

Executive Director

Signature

Date

January 5, 2012

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3



# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Applicant Name

HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS

Program/Activity Receiving Federal Grant Funding

2012 AGENCY PLAN

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Gregory L. Flippins

Title

Executive Director

Signature



Date (mm/dd/yyyy)

January 5, 2012


# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  "NOT APPLICABLE"  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: Gregory L. Flippins Title: Executive Director Telephone No.: 662-453-4822 (extension 11) Date: 01/05/2012		
<b>Federal Use Only:</b>				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	



Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Gloria E. Adams the MS Development Authority certify that the Five Year and  
Annual PHA Plan of the HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS is consistent with the Consolidated Plan of  
STATE OF MISSISSIPPI prepared pursuant to 24 CFR Part 91.

Gloria E. Adams, Ph.D. 1-10-12  
Signed / Dated by Appropriate State or Local Official

**MODERNIZATION/RENOVATION ISSUES DISCUSSED WITH RESIDENTS AND RESIDENT ADVISORY BOARD WITH RESPONSES REGARDING HOW EACH WOULD BE ADRESSED BY THE AUTHORITY VIA ANNUAL AND FIVE-YEAR PLAN:**

All Work items contained in the Energy Service Agreement with Siemens (Heating and Air Conditioning; Commodes; Light Fixtures; Water Heaters; and aeration fixtures) were discussed with residents as well as the rationale for the Project and impact it will have on energy savings and their Utility Allowance when the Project is completed.

The necessity of families to use all newly-installed products via the Siemens contract in an energy conserving manner in order to receive the full benefit of the Project.

The decision of the GHA to go total electric with all major equipment (heater, air conditioning and water heater) except ranges with the reasons for not doing so being as follows: the necessity to use the ARRA funds expeditiously; conversion of the service lines being very expensive; and, the fact that a range is not necessarily an energy conserving product.

The procurement of ranges for all units using the balance of funds within the ARRA Grant as well as Capital Fund Program dollars and the schedule by which each could expect to have it installed.

The Work Items included in Capital Fund Program 501-11 and the date by which to expect the General Contractor to begin work within those neighborhood affected by this Project.

The Work Items included in Capital Fund Program 501-12 and plans for each of the four (4) years thereafter, using a rotational process started years ago of addressing major components of GHA properties based on the oldest neighborhood first, with the potential for changing the dates by which some Work Items could be completed based upon their stated need and/or a determination of the GHA.

The development of an RFP for the installation of Security Cameras within the neighborhoods of Williamson Home, Hayes Home, Brazil Homes and Henry Homes at Thurman Drive.

The installation of additional fencing in the Crestview Homes area was discussed and reasons given for not fully fencing the entire neighborhood, basically due to it being mostly single family units and would require a major expenditure.

New work items being planned include retractable clotheslines and individual mailboxes.

The requirements established for the residents to utilize its Resident Participation Funds and the readiness of the GHA to provide assistance in their effort.

Playground Equipment is included as a Work Item; however, families are encouraged to assist the GHA in recognizing a location and to ensure that the continued existence of parental involvement in such areas will exist in order to have this effort move beyond the present concept stage.

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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

PHA Name: Housing Authority of the City of Greenwood, MS	Grant Type and Number Capital Fund Program Grant No: MSP26-P107-501-12 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2012 FFY of Grant Approval: 2012
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Type of Grant  
☒ Original Annual Statement    ☐ Reserve for Disasters/Emergencies    ☐ Revised Annual Statement (revision no: )  
☐ Performance and Evaluation Report for Period Ending:    ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	122,400.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	63,051.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	37,881.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000.00			
10	1460 Dwelling Structures	328,812.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

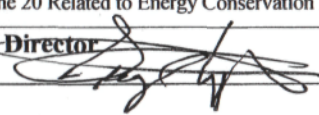
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b> THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD,MS		<b>Grant Type and Number</b> Capital Fund Program Grant No: MSP26-P107-501-12 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2012</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	28,370.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	630,514.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date</b> 01/05/2012		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Greenwood		<b>Grant Type and Number</b> Capital Fund Program Grant No: MSP26-P107-501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2012</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MS 107-000-100	FENCING (BH,TD)	1450		50,000.00				
	PAINING (BH)	1460	83	107,900.00				
	FASCIA, EAVE/HDY (RS)	1460	41	189,912.00				
	MEDICINE CABINET	1460	199	15,000.00				
MS107-000-200								
	MEDICINE CABINET	1460	209	16,000.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

PHA Name: Housing Authority of the City of Greenwood, MS

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**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 08/30/2011

**Part I: Summary**

PHA Name/Number		Locality (City/County & State)		Original 5-Year Plan		Revision No:
A.	Development Number and Name	Work Statement for Year FFY __ 2012 __	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement 511,320.00		513,800.00	501,100.00	507,840.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration	63,051.00	63,051.00	63,051.00	63,051.00	63,051.00
F.	Other	51,132.00	51,380.00	50,110.00	50,784.00	50,784.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds ( Cont 1502)	5,011.00	2,283.00	16,253.00	8,839.00	8,839.00
M.	Grand Total	630,514.00	630,514.00	630,514.00	630,514.00	630,514.00



**Capital Fund Program—Five-Year Action Plan**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

**Part I: Summary (Continuation)**

PHA Name/Number		Locality (City/county & State)		Original 5-Year Plan		Revision No:
	Development Number and Name	Work Statement for FFY 2013	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		Year 1 FFY 2012 _____	FFY 2014	FFY 2015	FFY 2016	
		Annual Statement				
	MS107-000-100	382,960.00	105,650.00	385,000.00	253,870.00	
	MS107-000-200	128,360.00	408,150.00	116,100.00	253,970.00	

## Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

## Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY	Work Statement for Year FFY 2013			Work Statement for Year FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	MS107-000-100			MS107-000-100		
Annual	SECURITY SYSTEM (BH,TD)	130	125,000.00	LANDSCAPING	38	80,700.00
Statement	FASCIA EAVE, HDY (HB)	52	250,000.00	RETRACTABLE CLOTHES	199	9,950.00
	SHOWER ROD	199	7,960.00	PLAYGROUND EQUIP	1	15,000.00
	MS107-000-200			MS107-000-200		
	SECURITY SYSTEM (HH,AW)	86	120,000.00	LANDSCAPING	15	57,700.00
	SHOWER ROD	209	8360.00	RETRACTABLE CLOTHES	209	10,450.00
				FASCIA EAVE, HDY (CV)	61	200,000.00
				FLOORING (HH)	40	125,000.00
				PLAYGROUND EQUIP	1	15,000.00

## Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/20011

## Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year I FFY _____	Work Statement for Year			Work Statement for Year:		
	FFY 2015			FFY 2016		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	MS107-000-100			MS107-000-100		
Annual	FASCIA EAVE HDY (BH)	52 BLDG	250,000.00	CABINETS (TD,PP)	55	125,000.00
Statement	R/R ROOFS (RS)	42	100,000.00	MAILBOXES	199	5,970.00
	RANGEHOODS	201	10,500.00	PAINTING (MS,C)	18	23,400.00
	CARBON/SMOKE	201	10,500.00	IRON DOORS	199	99,500.00
	RETURN GRILL	199	14,000.00			
	MS107-000-200			MS107-000-200		
	R/R ROOFS (HH)	19 BLDG	80,000.00	CABINETS (FC)	37	85,000.00
	RANGEHOODS	211	10,550.00	STREET REPAIR (HH)	ASH/BIR	40,000.00
	CARBON/SMOKE	211	10,550.00	MAILBOXES	209	6,270.00
	RETURN GRILL	209	15,000.00	PAINTING (JPH,ASH)	14	18,200.00
				IRON DOORS	209	104,500.00
Subtotal of Estimated Cost			\$501,100.00	Subtotal of Estimated Cost		
				\$507,840.00		



**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**PHA Name: THE HOUSING AUTHORITY OF THE CITY OF  
GREENWOOD, MS (GHA)Grant Type and Number  
Capital Fund Program Grant No: MSP26-P107-501-08  
Replacement Housing Factor Grant No:Federal FY of Grant:  
2008☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:  
☒ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report 12/2011

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	81,600.00	42,564.98	42,564.98	42,564.98
3	1408 Management Improvements				
4	1410 Administration	72,160.00	72,160.00	72,160.00	72,160.00
7	1430 Fees and Costs	32,100.00	32,100.00	32,100.00	32,100.00
9	1450 Site Improvement				
10	1460 Dwelling Structures	372,912.00	574,781.02	574,781.02	565,064.68
11	1465.1 Dwelling Equipment—Nonexpendable	162,834.00	0.00		
21	Total: (sum of lines 2 – 20)	721,606.00	721,606.00	721,606.00	711,889.66

22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: <b>THE HOUSING AUTHORIT OF THE CITY OF GREENWOOD, MS (GHA)</b>		Grant Type and Number Capital Fund Program Grant No: <b>MS26-P107-501-08</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
001-Brazil								
002-Rising Sun I	Foundation Restoration (0)	1460		0.00	0.00			
003-Rising Sun II	Foundation Restoration (0)	1460		0.00	0.00			
004-Henry								
005-Crestview	Cabinets	1460	75	170,149.00	170,930.02	170,930.02	170,930.02	
	Flooring	1460	75	202,763.00	226,505.00	226,505.00	226,505.00	
	Roofing	1460	61	0.00	178,259.00	178,259.00	167,629.66	
008-Hayes								



011-Threadgill	Water Heaters (0)	1460		0.00	0.00			
013-Williamson								
GHA-WIDE	Appliances (Refrigerators)	1475	408	162,834.00	0.00			

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part III: Implementation Schedule

PHA Name: <b>THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS (GHA)</b>			Grant Type and Number Capital Fund Program No: <b>MS26-P107-501-08</b> Replacement Housing Factor No:			Federal FY of Grant: <b>2008</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
001-Brazil	09/2009			03/2011			
002-Rising Sun I	09/2009			03/2011			
003-Rising Sun II	09/2009			03/2011			
004-Henry	09/2009			03/2011			
005-Crestview	09/2009			03/2011	03/2012		Work Item from CFP 501-09 on this Project.
008-Hayes	09/2009			03/2011			
011-Threadgill	09/2009			03/2011			
013-Williamson	09/2009			03/2011			
GHA-WIDE	09/2009			03/2011			

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Housing Authority of the City of Greenwood, MS		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26-P107-501-09 Replacement Housing Factor Grant No: Date of CFFP: 12/11			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	104,812.00	71,671.00	71,671.00	59,923.61
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	80,062.00	80,062.00	80,062.00	80,062.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45,945.00	45,945.00	45,945.00	34,458.75
8	1440 Site Acquisition				
9	1450 Site Improvement	90,599.00	218,487.00	218,487.00	141,020.29
10	1460 Dwelling Structures	336,401.00	384,454.00	384,454.00	367,694.50
11	1465.1 Dwelling Equipment—Nonexpendable	142,800.00	0		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	0	0		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	800,619.00	800,619.00	800,619.00	683,159.15
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Greenwood, MS			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MS107-000-100								
AMP 1	CEILING REPLACEMENT	1460	21	49,370.00	49,370.00	49,370.00	49,370.00	
	BREAKER BOX	1460	6 BLDG	3,764.00	3,764.00	3,764.00	3,764.00	
	SOFFIT,FASCIA,EAVES,GABLE VENT,GUTTER	1460	2 BLDG	4,524.00	4,723.65	4,723.65	4,723.65	
	RANGES	1465.1	69	0				
	ROOF REPLACEMENT (P/P)	1460	3 BLDG	0	14,334.00	14,334.00	14,850.00	
MS107-000-02	FENCE	1450	375'	15,330.00	15,330.00	15,330.00	15,330.00	
AMP 2	ROOF REPLACEMENT (CV)	1460	61 BLDG	178,259.00	0			
	RANGES	1465.1	87	30,450.00	0			
	CURB/SIDEWALK REPAIR	1450		0	56,200.00	56,200.00		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MS107-000-03	BREAKER BOXES	1460	48	32,357.00	32,357.00	32,357.00	30,739.15	
AMP 3	PAINTING	1460	48	0				
	FENCE	1450	624'	28,245.00	28,245.00	28,245.00	28,245.00	
	ROOFS (TD)	1460	25 BLDG	123,750.00	119,082.00	119,082.00	111,465.52	
	ROOFS	1460	1 BLDG	0	6,660.00	6,660.00	6,327.00	
	RANGES	1465.1	130	45,500.00	0			
MS107-000-04	PAINTING	1460	36	0				
AMP 4	SOFFIT,EAVES, FASCIA, GUTTER	1460	27 BLDG	63,769.35	63,769.35	63,769.35	60,580.88	
	FENCE	1450	1560'	51,332.00	51,332.00	51,332.00	51,332.00	
	RANGES	1465.1	122	42,700.00	0			
	CURB/SIDEWALK REPAIR	1450		0	67,380.00	67,380.00	46,113.29	
	ROOFS (FC)	1460	12 BLDG	59,400.00	90,394.00	90,394.00	85,874.30	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS107-000100 AMP 1	09/2010		03/2012		
MS107-000200 AMP 2	09/2010		03/2012		
MS107-000300 AMP 3	09/2010		03/2012		
MS107-000400 AMP 4	09/2010		03/2012		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
<b>PHA Name: +THE HOUSING AUTHORITY OF THE CITY OF GREENWOOD, MS</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: ARRA MS26S10750109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	82,036.08	81,169.60	81,169.60	79,996.08
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	57,060.00	57,060.00	57,060.00	57,060.00
8	1440 Site Acquisition				
9	1450 Site Improvement	45,584.00	44,544.00	44,544.00	44,544.00
10	1460 Dwelling Structures	567,569.92	543,961.40	543,961.40	543,961.40
11	1465.1 Dwelling Equipment—Nonexpendable	161,160.00	186,675.00	186,675.00	161,160.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: ARRA MS26S10750109 Replacement Housing Factor Grant No: 12-2011 Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	913,410.00	913,410.00	913,410.00	886,721.48
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Greenwood			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MS 107-000-100	PAINTING	1460	48	64,894.00	63,534.02	63,534.02	63,534.02	
	BREAKER	1460	42	21,720.00	10,536.10	10,536.10	10,536.08	
	BATHTUB RESTORATION	1460	48	27,334.00	28,004.09	28,004.09	28,004.09	
	FOUNDATION RESTORATION	1460	1	26,380.00	19,980.00	19,980.00	19,980.00	
	FENCE	1450	12	45,584.00	44,544.00	44,544.00	44,544.00	
	HARDY BOARD REPLACEMENT	1460	3	6,316.00	6,316.00	6,316.00	6,316.00	
	APPLIANCES (STV)	1465.1	69	19,561.50	19,561.50	19,561.50	19,561.50	
	APPLIANCES (REFG)	1465.1	69	27,255.00	27,255.00	27,255.00	27,255.00	
MS107-000300	PAINTING	1460	48	62,035.00	62,035.00	62,035.00	62,035.00	
	BREAKER BOX REPLACEMENT	1460	82	32,300.00	21,700.00	21,700.00	21,700.00	
	BATHTUB RESTORATION	1460	130	82,719.92	85,348.81	85,348.81	85,348.81	
	APPLIANCES (REFG)	1465.1	130	51,350.00	51,350.00	51,350.00	51,350.00	
	APPLIANCES (STV)	1465.1	21	5,953.50	5,953.50	5,953.50	5,953.50	
MS107-000-400	BATHTUB RESTORATION	1460	36	20,501.00	20,501.00	20,501.00	20,501.00	
	HARDY BOARD RESTORATION	1460	84	176,844.00	179,480.38	179,480.38	179,480.38	
	APPLIANCES (REFG)	1465.1	122	48,190.00	48,190.00	48,190.00	48,190.00	
	PAINTING	1460	36	46,526.00	46,526.00	46,526.00	46,526.00	
MS107-000-200	APPLIANCES (REFG)	1465.1	87	34,365.00	34,365.00	34,365.00	34,365.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Greenwood, MS					<b>Federal FFY of Grant: 2009</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS107-000-100	03/17/2010		03/17/2012		
MS107-000-300	03/17/2010		03/17/2012		
MS107-000-400	03/17/2010		03/17/2012		
MS107-000-200	03/17/2010		03/17/2012		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 8/31/2011

<b>Part I: Summary</b>					
<b>PHA Name: HOUSING                  AUTHORITY OF THE CITY OF                  GREENWOOD, MS</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MS26-P107-501-10 Replacement Housing Factor Grant No: Date of CFFP: 12/11			<b>FFY of Grant: 2010                  FFY of Grant Approval: 2010</b>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:12/11 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0	39,704.40		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	79,451.00	79,451.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60,180.00	52,650.00	52,650.00	39,487.50
8	1440 Site Acquisition				
9	1450 Site Improvement	160,800.00	64,891.00	64,891.00	58,586.43
10	1460 Dwelling Structures	441,000.00	469,440.90	469,440.90	218,924.31
11	1465.1 Dwelling Equipment—Nonexpendable	0	88,376.60	88,376.60	
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 08/31/2011

**Part I: Summary**

<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>
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**Type of Grant**

☐ Original Annual Statement
 ☐ Reserve for Disasters/Emergencies
 ☐ Revised Annual Statement (revision no:       )
 ☐ Final Performance and Evaluation Report

☐ Performance and Evaluation Report for Period Ending:

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	53,083.00	0		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	794,514.00	794,514.00	675,358.50	316,998.24
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b>	<b>Date</b>	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 08/31/2011

Part II: Supporting Pages								
PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MS107-000-100	CEILING REPLACEMENT	1460	21	150,000.00	53,381.00	53,381.00	50,711.96	
	FOUNDATIONS	1460	2	24,000.00	17,794.00	17,794.00	16,904.30	
	CURB/SIDEWALK REPAIR	1450	6135'	23,500.00	64,891.00	64,891.00	58,586.43	
	ROOF REPLACEMENT	1460	28	144,600.00	0			
	STREET OVERLAY	1450	5,025'	368,000.00	0			
	APPLIANCES (STV)	1465.1	108		30,618.00	30,618.00		
	FOUNDATION (108)	1460	2		27,500.00	27,500.00		
	ENTRY DOOR & LOCKS (BH)	1460	83		106,764.00	106,764.00		
	ELECTRIC WATER HEATER (HENRY,THG)	1460	73		63,421.70	63,421.70		
MS107-000-200	CURB/SIDEWALK REPAIR	1450	10,880'	119,380.00	0			
	ENTRY & STORAGE DOOR	1460	116	87,000.00	156,271.90	156,271.90	151,308.05	
	ROOFS	1460	12	59,400.00	0			
	APPLIANCES (STV)	1465.1	204		57,758.60	57,758.60		
	ELECTRIC WATER HEATER (HENRY,THG)	1460	51		44,308.30	44,308.30		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 08/31/2011

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS107-000-100	09/2011		03/2013		
MS107-000-200	09/2011		03/2013		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>					
PHA Name: Housing Authority of the City of Greenwood, MS		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: 501-11 Date of CFFP: 12/2011			FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 RE ACC AMENDMENT 12/2011 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	58,278.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	80,062.00	39,170.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	54,385.00	55,000.00	55,000.00	41,250.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	543,845.00	536,344.00	536,344.00	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

<b>PHA Name:</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>
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**Type of Grant**

<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Final Performance and Evaluation Report	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	800,619.00	630,514.00	630,514.00	41,250.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b>	<b>Date</b>	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Greenwood, MS		Grant Type and Number Capital Fund Program Grant No: 501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MS107-000-100	R/R WINDOW (AW)	1460	3	9,590.66	9,590.66			
	EXT/STORAGE DOOR (RS)	1460	42	50,088.32	50,088.32			
	EXT/STORAGE DOOR (TD)	1460	49	67,463.32	67,463.32			
	EXT/STORAGE DOOR (P/P)	1460	6	8,824.20	8,824.00			
	EXT/STORAGE DOOR (BH) #3	1460	83	0				
	EXT/STORAGE DOOR (MS,C)	1460	18	25,622.26	25,622.26			
	EXT/STORAGE DOOR (N-STONE)	1460	3	8,158.89	8,158.89			
	FASCIA,SOFFIT (TD,P/P)	1460	55	69,818.58	69,818.58			
	UNIT NUMBERS (TD,P/P)	1460	55	2,065.00	2,065.00			
	HARDI BOARD (MS,C)	1460	18	10,936.00	10,936.00			
	FASCIA,SOFFIT (MS,C)	1460	18	16,198.00	16,198.00			
	UNIT NUMBERS (MS,C)	1460	18	680.00	680.00			
	WATER HEATERS (#2)	1460	73	0				
	FOUNDATION REPAIR (RS)	1460	2	0				
MS107-000-200	EXT/STORAGE DOOR (PHJ,ASH)	1460	14	20,964.00	20,964.00			
	EXT/STORAGE DOOR (AW)	1460	44	55,885.00	55,885.00			
	R/R WINDOWS (AW)	1460	44	77,133.00	77,133.00			
	FASCIA, SOFFIT (PHJ,ASH)	1460	14	12,850.00	12,850.00			
	UNIT NUMBERS (PHJ,ASH)	1460	14	609.00	609.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:				Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MS107-000-100	09/2012		03/2014		
MS107-000-200	09/2012		03/2014		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



## GHA 2012 Agency Plan

### Housing Needs of Families in the Jurisdiction/s Served by the GHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the GHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the GHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	419	5	5	4	2	3	2
Income >30% but <=50% of AMI	113	3	5	4	2	3	2
Income >50% but <80% of AMI	6	2	4	3	1	1	1
Elderly	13	2	4	3	5	1	4
Families with Disabilities	84	5	5	3	3	1	2
Race/Ethnicity /Black	514	5	5	3	2	2	1
Race/Ethnicity /White	21	4	4	1	1	1	1
Race/Ethnicity							
Race/Ethnicity							

What sources of information did the GHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s  
Indicate year: LATEST VERSION
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data  
Indicate year:
- ☐ Other housing market study  
Indicate year:
- ☒ Other sources: GHA Waiting List-2011

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the GHA's waiting list/s. **Complete one table for each type of GHA-wide waiting list administered by the PHA.** GHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	368		324
Extremely low income <=30% AMI	298	80.9%	
Very low income (>30% but <=50% AMI)	69	18.8%	
Low income (>50% but <80% AMI)	1	0.3%	
Families with children	270	73.4%	
Elderly families	12	2.3%	
Families with Disabilities	65	17.7%	
Black	346	94.8%	
White	19	5.8%	
Hispanic	0	0.0%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	98	26.6%	1
2 BR	232	63.1%	11
3 BR	24	6.5%	30
4 BR	13	3.5%	2

Housing Needs of Families on the Waiting List			
5 BR	1	0.3%	1
5+ BR	0	0.0%	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the GHA expect to reopen the list in the GHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes (N/A) Does the GHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input checked="" type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	170		146
Extremely low income <=30% AMI	121	71.2%	
Very low income (>30% but <=50% AMI)	44	25.9%	
Low income (>50% but <80% AMI)	5	2.9%	
Families with children	158	92.5%	
Elderly families	1	0.6%	
Families with Disabilities	19	11.2%	
Black	168	98.8%	
White	2	1.2%	



### Housing Needs of Families on the Waiting List

Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	13	7.6%	0
2 BR	88	51.8%	16
3 BR	61	35.9%	11
4 BR	8	4.7%	1
5 BR	0	0.0%	0
5+ BR	0	0.0%	0
<p>Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>If yes:</p> <p style="padding-left: 40px;">How long has it been closed (# of months)? <u>12</u></p> <p style="padding-left: 40px;">Does the GHA expect to reopen the list in the GHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p style="padding-left: 40px;">Does the GHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>			



**ELIGIBILITY, SELECTION AND ADMISSIONS POLICIES, INCLUDING  
DECONCENTRATION AND WAIT LIST PROCEDURES:**

**PAYMENT STANDARDS SET AT 93% OF FAIR MARKET RENTS**

BEDROOM SIZES				
0	1	2	3	4
324	379	498	662	778

**FLAT RENT SCHEDULE REVISED AS SHOWN BELOW:**

	0BR	1BR(SNG)	1BR(DUP)	2BR(SNG)	2BR(ROW)	3BR(SNG)	3BR(DUP)	3BR(ROW)	4BR(SNG)	4BR(DUP)	5BR(SNG)
Monthly Comp Rent	0	0	260	0	469	570	466	462	656	536	754

**ADMINISTRATIVE PLAN REVISION:**

**4.III.C. SELECTION METHOD**

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

**Local Preferences**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and place restriction on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

**PHA Policy**

**The GHA will provide a local preference for admission to the Housing Choice Voucher program for families displaced by Hurricane Katrina or Rita. Eligible families who have recently left or will be leaving FEMA**

temporary housing units or FEMA's Alternative Housing Pilot Program, including Katrina cottages, will be given preference over all other displaced families. Families will be considered to have "recently left" a FEMA provided temporary housing unit or Katrina cottage if they vacated their unit on or after June 24, 2009 – the date the appropriations act was signed.

In order to determine an applicant's eligibility, the GHA will interview the applicant and complete a preliminary application that will include obtaining the family's FEMA number.

If the PHA has established other local selection preferences, the preference for families displaced by Hurricane Katrina or Rita will take precedence over any other preference.

**HOUSING CHOICE VOUCHER PROGRAM APPLICATION INTAKE  
PROCESS REVISED, EFFECTIVE SEPTEMBER 8, 2009:**

- (1) Families who have recently left or will be leaving FEMA temporary housing units or FEMA's Alternative Housing Pilot Program, including Katrina cottages (vacated unit on or after June 24, 2009); and,
- (2) Families displaced by Hurricane Katrina or Rita.

**ELIGIBILITY, SELECTION AND ADMISSIONS POLICIES, INCLUDING  
DECONCENTRATION AND WAIT LIST PROCEDURES:**

**PAYMENT STANDARDS SET AT 98.35% OF FAIR MARKET RENTS**

BEDROOM SIZES				
0	1	2	3	4
337	394	518	689	810

**FLAT RENT SCHEDULE REVISED AS SHOWN BELOW:**

	0BR	1BR(SNG)	1BR(DUP)	2BR(SNG)	2BR(ROW)	3BR(SNG)	3BR(DUP)	3BR(ROW)	4BR(SNG)	4BR(DUP)	5BR(SNG)
Monthly Comp Rent	0	0	260	0	469	570	466	462	656	536	754

**ADMINISTRATIVE PLAN REVISION:**

**4.III.C. SELECTION METHOD**

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

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- (2) Families displaced by Hurricane Katrina or Rita.



Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
<b>1. Federal Grants</b>		
a) Public Housing Operating Fund *	3,400,000.00	
b) Public Housing Capital Fund *	1,205,500.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Resident Opportunity and Self-Sufficiency Grants		
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
Section 8 Voucher (and Certificate Program)	1,230,000.00	Section 8 Tenant-Based Assistance
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
Section 8 New Construction		
<b>3. Public Housing Dwelling Rental Income</b>	392,000.00	Public Housing Operations
<b>4. Other income (list below)</b>	60,000.00	
Interest on investments, late charges, and service charges		Public Housing Operations
<b>Resident Use: Resident Participation and Retained Rental Income</b>	80,500.00	Resident-Related Improvements and Services
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>6,368,000.00</b>	

### 3-III.F. PROHIBITION AGAINST DENIAL OF ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING [Pub.L. 109-162]

The Violence against Women Reauthorization Act of 2005 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking. Specifically, Section 607(2) of VAWA adds the following provision to Section 6 of the U.S. Housing Act of 1937, which lists contract provisions and requirements for the public housing program:

Every contract for contributions shall provide that... the public housing agency shall not deny admission to the project to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission, and that nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

#### Definitions

As used in VAWA:

- The term *domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- The term *dating violence* means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship
- The term *stalking* means:
  - To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or
  - To place under surveillance with the intent to kill, injure, harass, or intimidate another person; and
  - In the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (1) that person, (2) a member of the immediate family of that person, or (3) the spouse or intimate partner of that person.

- The term *immediate family member* means, with respect to a person
  - A spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in the position or place of a parent; or

-Any other person living in the household of that person and related to that person by blood and marriage.

## **Notification and Victim Documentation**

### PHA Policy

The PHA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under the PHA's policies. Therefore, if the PHA makes a determination to deny admission to an applicant family on the basis of an unfavorable history, the PHA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking

One of the following:

A police or court record documenting the actual or threatened abuse A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; & medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The applicant must submit the required documentation with her or his request for an informal hearing (see section 14-1.B) or must request an extension in writing at that time. If the applicant so requests, the PHA will grant an extension of 10 business days, and will postpone scheduling the applicant's informal hearing until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant the PHA determines the family is eligible for assistance, no informal hearing will be scheduled and the PHA will proceed with admission of the applicant family.

## **Perpetrator Removal or Documentation of Rehabilitation**

### **PHA Policy**

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, the PHA will proceed as above but will require, in addition, either (a) that the perpetrator be removed from the applicant household and not reside in the public housing unit or (b) that the family provide documentation that the perpetrator has successfully completed, or is successfully undergoing, rehabilitation or treatment.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation.

This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

### **PHA Confidentiality Requirements**

All information provided to the PHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.